

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004991
State File No.

FILED FEB 28 1958

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 King St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Kennett</u> d. Is Residence within limits of City or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>301 King St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>Richard</u> c. (Last) <u>Settlemoir</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1958</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 6th, 1891</u>		
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Pollard, Ark.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Richard B. Settlemoir</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Settlemoir</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Settlemoir</u> ADDRESS <u>Kennett, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spinal cord tumor in neck</u> DUE TO (c) <u>Paralyzed from neck down</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cord tumor was metastatic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>6 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION. <u>Carcinoma of testicle from carcinoma of testicle</u>					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>aug 1957</u> , to <u>Feb 1958</u> , that I last saw the deceased alive on <u>Feb 14, 1958</u> , and that death occurred at <u>2307</u> hrs., from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter R. Beck</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kennett - Mo</u>		23c. DATE SIGNED <u>2-18-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-18-58</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Daniel</u>		ADDRESS <u>Kennett, Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-24-58

COUNTY FILE NUMBER 258-16

57

MAR 25 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert B. Baird*.....

Licensed Embalmer No. *4488*.....

P. O. Address *Barnett 111*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.